
GUIDELINES FOR ADULT REFUSAL OF CARE

PURPOSE

To provide guidance for the Emergency Medical Technician whose advice to an individual for treatment and/or transport is being refused.

AUTHORITY

Health and Safety Code, Section 1797.220

PRINCIPLE

An AMA should be initiated whenever the highest medical authority on scene determines that a person would benefit from assessment, treatment and/or transport and that person refuses. Transport of an individual to an authorized receiving facility capable of treating the individual is one of the principles on which EMS is based. Recognizing, however, that the decision to be transported by a provider agency is solely the responsibility of the individual, a process should be in place to document such "refusal of services", to protect both the individual and the prehospital care provider.

DEFINITION

AMA	A term used to designate "against medical advice".
Consent	Consent is defined as the agreement and acceptance as to opinion or course of action.
Emergency	The American Ambulance Association (AAA) defines an "emergency" as "unforeseen condition of a pathophysiological nature which a prudent layperson, possessing an average knowledge of health and medicine, would judge to require urgent and unscheduled medical attention".

POLICY

A. CONSENT

1. Legal consent procedures should not delay immediately required treatment.
2. An individual has the responsibility to consent to or refuse treatment. If he/she is unable to do so consent is then considered implied.
3. In non-emergency cases, consent should be obtained from the individual.
4. For treatment of minors or emancipated minors refer to the Care of Minors, Reference #14023.

B. MENTAL COMPETENCE

1. An individual is mentally competent if he or she:
 - a. Is capable of understanding the nature and consequences of the proposed treatment.
 - b. Has sufficient emotional control, judgment and discretion to manage his or her own affairs.
2. Ascertaining that an individual has an understanding of what may possibly happen if treated or not treated, and is oriented to person, place, time and purpose, should be adequate for these determinations.
3. Individuals with an altered level of consciousness (e.g. impaired cerebral perfusion, shock, post-ictal, or under the influence of drugs or alcohol) will be unlikely to fulfill these criteria.

4. If the individual is not deemed mentally competent, the person should be treated and transported to a medical facility. It is preferable under such circumstances to obtain concurrence of a police officer in this course of action.

C. DOCUMENTATION OF REFUSAL OF CARE

In accordance with these guidelines, the following should be carefully documented on the EMSA O1A Form:

1. The individual's chief complaint, mechanism of injury, level of orientation/level of consciousness, (e.g. if the person suffered a head injury, or whether the person is under the influence of drugs and/or alcohol).
2. On-line (Base Hospital Contact) medical control in accordance with the Radio Communication Protocol, Reference #14009.
3. Any medical treatment or evaluation needed and refused.
4. The need for emergency transportation; also if transport by means other than an ambulance could be hazardous due to the individual's injury or illness.
5. Individual advised that potential harm could result without emergency medical treatment and/or transport.
6. Individual provided with a refusal advice sheet, (Appendix "A"), and if he or she would accept the refusal advice sheet.
7. A copy of the EMSA O1A Form with the individual's signature of refusal will be kept by the EMS provider agency in accordance with the EMS agency's protocol on record keeping, Reference #14012.